NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark		Date Received		Notification #	
I. Type of Notification (O=Original R=	I. Type of Notification (O=Original R=Revised C=Canceled)					
II. FACILITY INFORMATION (Identify	owner, removal contra	ctor, and o	ther operator)			
OWNER NAME: DRANGE & ROCKLAND Utilities						
Address: 71 Volsen	Ave					
city: Middle toun		State:	44	zip: 12941	D	
Contact:				Tel:		
REMOVAL CONTRACTOR: BSB CONSTRUCTION INC.						
Address: 86 WAShin	y LON ST					
city: Poughkeepsie	,	State:	NY	zip: 12601		
Contact: Frank Bou	IA			Tel: 845-	462-5236	
OTHER OPERATOR:						
Address:						
City:		State:		Zip:		
Contact:	Tel:					
III. TYPE OF OPERATION (D=Demo C	D= Ordered Demo R=R	enovation E	=Emer. Renovation	on) R		
IV. IS ASBESTOS PRESENT? (Yes/N	o) Yes					
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)						
Bldg. Name: Orange & Nockland Utalities						
Address: 1 Dolse	n Aue	T				
City: Milleton State: NY County: Orange						
Site Location: Exterior W	All panels	Т		1		
Building Size: 50,000 -		# of Floo	rs: 🛭	Age in Years:	50+	
Present Use: GAVAGE STWATE 041 is		Prior Use: GANAGE /SIBME			Hice	
VI. PROCEDURE, INCLUDING ANALY			TE, USED TO DET	ECT THE PRESENC	E OF ASBESTOS	MATERIAL:
BULK Samples talon By Owner						
VII. APPROXIMATE AMOUNT OF AS	PESTOS			riable estos		-
INCLUDING:		CM Materia		ial Not	Indicate Unit of Measurement Below	
1. Regulated ACM to be Remo	oved Ren	To Be		Removed		
 Category I ACM Not Remove Category II ACM Not Remove 	ved .		Category I	Category II	UNIT	
Pipes					LnFt:	Ln M:
Surface Area	340	00			SqFt: 3400	Sq M:
Vol RACM Off Facility Component	1				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-7-16 Complete: 12-7-16						
IX. SCHEDULED DATES DEMO/REN			10-20-1	4	Complete: 12-	20-16

Security and the second of the

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA1	X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERIN DEMOLITION OR RENOVATION SITE:	NG CONTRO)LS TO BE US	SED TO PRE	VENT EMISSIONS OF ASBESTOS AT THE	
XII. WASTE TRANSPORTER #1 TVANS WAST	T-C				
Name: TVANSWASTE					
Address: 3 BARKES Drive.					
City: WALLING FORD	State: C	CT	Zip:	06492	
Contact Person:			Tel:	203-269-8300	
WASTE TRANSPORTER #2					
Name:					
Address:					
City:	State:		Zip:		
Contact Person:			Tel:		
XIII. WASTE DISPOSAL SITE					
Name: MINEVA					
Address: 8955 MINERUA RD Se					
City: WAYNSburg	State:	OH	Zip:	44688	
Tel: 330-866-3435					
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	ICY, PLEASE	E IDENTIFY T	THE AGENCY	f BELOW:	
Name: VA		Title:			
Authority:					
Date of Order (MM/DD/YY):		Date Order	ed to Begin /	(MM/DD/YY):	
XV. FOR EMERGENCY RENOVATIONS:		2.401			
Date and Hour of Emergency (MM/DD/YY):	+		-	The state of the s	
Description of the sudden unexpected event:					
Doddin Future Control of the Control	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Follow All EPA, DOL & OSHA					
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Signature of Owner/Operator) (Date)					
(Signature of Owner/Operator)				(Daid)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS COR	RECT:				
1.21/				9-19-16	
(Signature of Owner/Operator)				(Date)	

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark		Date Received		Notification #		
I. Type of Notification (O=Original R	=Revised C=Ca	inceled)					
II. FACILITY INFORMATION (Identify	owner, remova	al contractor, and o	ther operator)				
OWNER NAME: ORANGE	¿ lakli	AND Utile	ties				
Address: 71 Dolsen	Ave						
city: Middle toun		State: NY zip: 12940					
Contact:				Tel:			
REMOVAL CONTRACTOR: BSB CONSTRUCTION INC.							
Address: 86 WAShin	yton ST			_			
city: Poughkeepsie	,	State:	NY	zip: 12601			
Contact: Frank BOUA			Tel: 845-			462-5236	
OTHER OPERATOR:							
Address:			**************************************	T			
City:		State:		Zip:			
Contact:				Tel:			
III. TYPE OF OPERATION (D=Demo	O= Ordered De	mo R=Renovation E	=Emer. Renovati	on) R			
IV. IS ASBESTOS PRESENT? (Yes/N	lo)	Yes					
V. FACILITY DESCRIPTION (Include	building name,	, number and floor	or room number)	Y			
Bldg. Name: Orange	Rockland	Utdilit	es				
Address: 71 Dolsen Aue							
city: Mildle tour	city: Milleton State: NY County: Orange						
Site Location: Extense h	Isll pane	:15		_	•		
Building Size: 50,000 -	uilding Size: 50,000 - #of Flo		rs: 2			50 /	
Present Use: 6 AVAGE STOV	Age/ 0416	Prior Use: GANAGE		Istorage / office			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
BULK Samples Take	in 184 C	wwer					
VII ADDOVIMATE AMOUNT OF 12	DESTOS			friable		**************************************	
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM	Asbestos Material No			ate Unit of	
Regulated ACM to be Remo		To Be Removed	To Be F	Removed	Measurement Below UNIT		
Category I ACM Not Remove Category II ACM Not Remove	ved	, Contoveu	Category I	Category II			
•							
Pipes		2000			LnFt:	Ln M:	
Surface Area		3,400			SqFt: 3400	Sq M:	
Vol RACM Off Facility Component			10 7 11		CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-7-16 Complete: 12-7-16							
IX. SCHEDULED DATES DEMO/REN	OVATION (MM/	DD/YY) Start:	10-20-1	4	Complete: 12-	-20-16	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENG	OVATION WOR	K, AND MET	HOD(S) TO BE USED:
			USED TO PREVENT EMISSIONS OF ASBESTOS AT THE
XII. WASTE TRANSPORTER #1 TVANS WI	ASTE		
Name: Transwaste	751-		
Address: 3 BARKET Drive			
City: WALLING FORD	State:	CT	10.1100
Contact Person:	Jiale.	<u></u>	Zip: 06492 Tel: 203-269-8300
WASTE TRANSPORTER #2			Tel: 203-269-8300
Name:			
Address:			
City:	States		
Contact Person:	State:		Zip:
XIII. WASTE DISPOSAL SITE			Tel:
Name: MINEVA			
0	Je		
City: MAYNSburg		A.I	44
Tel: 330-866-3435	State:	OH	zip: 44688
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AG	ENCY, PLEASE	E IDENTIFY T	THE AGENCY BELOW:
Name: N/A		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Order	red to Begin (MM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS:	,		
Date and Hour of Emergency (MM/DD/YY): N	Δ		
	dr		
Explanation of how the event caused unsafe conditions ω			
EPA, DOL & USHA		LLD, OK KED	DUCED TO POWDER:
CVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE P BITE DURING THE DEMOLITION OR RENOVATION, AND E PERSON WILL BE AVAILABLE FOR INSPECTION DURING	G NORMAL BUS	THIS REGUI THE REQUI SINESS HOU	JRS.
(Signature of Owner/Operator)			9-19-16 (Date)
VIII. I CERTIFY THAT THE ABOVE INFORMATION IS COR	RRECT:		
4.1/			
(Signature of Owner/Operator)			9-19-16
(e			(Date)

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